

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 097462962	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51
2	/						52
3	/						53
4	/						54
5	/						55
6	/						56
7	/						57
8	/						58
9	/						59
10	/						60
11							61
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39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	4						
TOTAL DEP.	5						
TOTAL CLAIMS	9						